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## BIB DATA SHEET

CONFIRMATION NO. 6863

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/634,213	08/05/2003	604	3734	GLAUKO.011CP1		
<b>RULE</b>						
<b>APPLICANTS</b> David Haffner, Mission Viejo, CA; /KMD/ Gregory T. Smedley, Aliso Viejo, CA; Hosheng Tu, Newport Coast, CA;						
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/118,578 04/08/2002 PAT 7,135,009 and claims benefit of 60/401,166 08/05/2002 /KMD/ and claims benefit of 60/451,226 02/28/2003						
<b>** FOREIGN APPLICATIONS ***** none /KMD/</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 10/31/2003						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	46	51	15
Verified and	/KATHERINE MARIE DOWE/					
Acknowledged	Examiner's Signature		Initials			
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES						
<b>TITLE</b> Devices and methods for glaucoma treatment						
<b>FILING FEE RECEIVED</b> 1349	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
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